

**HAMILTON COUNTY COMMUNITY CORRECTIONS
REFERRAL FORM**

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All the following true and accurate information is needed to conduct an assessment for Residential Work Release and/or Electronic Monitoring Home Detention.

Defendant's Name: _____

Cause Number(s): _____

Address: _____ Phone (Cell): _____

Phone (Home): _____

Email: _____

Is the Defendant currently incarcerated? No ____ Yes ____ If yes, where? _____

***IF NOT INCARCERATED, THE DEFENDANT IS EXPECTED TO CONTACT OUR AGENCY TO
SCHEDULE AN INTERVIEW.***

Offense(s): _____ Level/Class of Offense(s): _____

If referral is due to a violation of probation, please provide the following information:

Original Offense: _____ Level/Class of Offense: _____

Sentencing Date/Next Court Date: _____

The following information should be submitted to HCCC prior to interview:

Pre-Sentence Investigation (if available), Plea Agreement (if applicable), Charging Information, Police Reports

If a Plea Agreement is not attached, the assessment will address the most appropriate level(s) of supervision for placement.

Comments: _____

Referral Source: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

Signature: _____ Date: _____